

<b>Case Number:</b>	CM13-0066507		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year-old female with a 5/29/08 industrial injury claim. She been diagnosed with low back pain, lumbar degenerative disc disease and radiculitis, sprain and sciatica. On 12/2/13 UR recommended non-certification for a prescription for Cyclobenzaprine 10mg bid, prn based on the 10/25/13 report from [REDACTED]. According to the 10/25/13 report from [REDACTED], the patient presents with 9/10 back pain. She was taking Naproxen, Omeprazole and Lunestra, Lidoderm patches, Norco and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CYCLOBENZAPRINE 10MG 1 TAB BY MOUTH 2X DAILY AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 64

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63-66

**Decision rationale:** The patient presents with 9/10 back pain despite using Norco, Naproxen, Flexeril, and having an ESI on 3/11/13. The review is for an incomplete prescription for Cyclobenzaprine 10mg bid. The total number of tablets or duration was not provided. The records show the patient has been on Cyclobenzaprine at least since the 6/11/13 report from [REDACTED]. The California MTUS specifically states the Cyclobenzaprine is not recommended for use over 3-weeks. The request for continued use of Cyclobenzaprine over 4-months is not in accordance with California MTUS guidelines.